

Sam Houston State University 2016-2017 Student Health Insurance Plan

Eligibility

All registered **Domestic students** taking six (6) or more credit hours (three (3) or more during summer sessions) are eligible to participate in the plan. **Distance Learning students** taking six (6) or more credit hours with at least three (3) or more credit hours on-campus credit courses and paying the Student Health Center fee are eligible to enroll in the plan.

All registered **International students** taking one (1) or more credit hours are required to participate in the Plan. International students are automatically enrolled, and the premium will be added to their tuition bill. All international students with U.S. based employer and embassy plans are eligible to waive the plan as determined by the SHSU Student Health Center.

Visit the website shsu.myahpcare.com to enroll or renew your coverage online or to print and mail an enrollment form. International students who do not waive coverage are automatically enrolled and the charge will appear on the tuition bill. No changes will be made to a student's account after the waiver deadline. For additional information, contact Student Health Services at (936) 294-1805.

You can go to your school's website, and either

- Purchase the school policy
- Waive out of the school policy by documenting current, comparable U.S. insurance

Dependent coverage is available. Payment must be paid directly to Academic HealthPlans and may not be billed to the student's account. Dependents will NOT automatically be re-enrolled. You will need to re-enroll them by each semester's deadline. To view rates and enrollment information, please go to shsu.myahpcare.com.

Please view the complete brochure on-line at shsu.myahpcare.com for full details of participation in the plan.



Additional Benefits

- Access to a 24/7 Student Assistance Program
- Coverage when traveling
- Academic Emergency Services

Additional Information

- 🌐 shsu.myahpcare.com
- ☎ (855) 370-7211



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This is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits and programs and does not constitute a contract. Covered Medical Expenses are subject to plan maximums, limitations, and exclusions as described in the Policy. The PPO network is UnitedHealthcare Choice Plus.

BENEFIT MAXIMUMS & DEDUCTIBLES

Benefit Maximum	Unlimited, per Insured Policy Year
Individual Deductible	Network Provider: \$ 500 per Insured Person, per Policy Year Non-Network Provider: \$ 1,000 per Insured Person, per Policy Year
Family Deductible	Network Provider: \$ 1,500 per Insured Person, per Policy Year Non-Network Provider: \$ 3,000 per Insured Person, per Policy Year
Individual Out-of-Pocket Maximum	Network Provider: \$ 6,350 per Insured Person, per Policy Year Non-Network Provider: \$12,700 per Insured Person, per Policy Year
Family Out-of-Pocket Maximum	Network Provider: \$12,700 per Policy Year Non-Network Provider: \$25,400 per Policy Year

BENEFIT CATEGORY	Network Provider	Non-Network Provider
	<i>Payments are based on the PPO Allowance</i>	<i>Payments are based on Usual and Customary Charges</i>
Hospital Room and Board Expense	80%	60%
Inpatient/Outpatient Surgical Expense	80%	60%
In-Office Physician Fees	100% after \$30 Copayment per visit	60%
Diagnostic X-ray Services & Outpatient Laboratory Procedures	80%	60%
Emergency Services Expense \$150 Copayment/Deductible per visit	80%	80%
Prescription Drugs Per 31-day Retail Supply	At pharmacies contracting with UnitedHealthcare Pharmacy 100% after a \$20 Copayment for Tier 1 \$40 Copayment for Tier 2 \$60 Copayment for Tier 3	60%
Preventive Care Services	100%	60%

2016-2017 PREMIUM COSTS AND COVERAGE PERIODS

Coverage Periods	Annual 08/15/2016 through 08/14/2017	Fall 08/15/2016 through 12/31/2016	Spring/Summer 01/01/2017 through 08/14/2017	Summer 05/30/2017 through 08/14/2017
Open Enrollment	08/01/2016 through 09/15/2016	08/01/2016 through 09/15/2016	12/29/2016 through 01/30/2017	05/18/2017 through 06/12/2017
Student	\$ 2,424	\$ 925	\$ 1,499	\$ 513
Spouse	\$ 2,424	\$ 925	\$ 1,499	\$ 513
Child	\$ 2,424	\$ 925	\$ 1,499	\$ 513

To view all enrollment and coverage periods available, please visit shsu.myahpcare.com or call Academic HealthPlans at (855) 370-7211.